Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

UNITED STATES DISTRICT COURT

for the

SOUTHERN District of HEXAS

HOUSTON Division

) Case No	
ANTONIO BELLAMY	(to be filled in by the Clerk's Office)
Plaintiff(s) (Vrite the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.) -V-)	United States Courts Southern District of Texas FILED APR 17 2020
Ed Conzales Darryl Coleman Defendant(s) (Write the full name of each defendant vino is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and additional page with the full list of names. Do not include additional page	David J. Bradley, Clerk of Court

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

A. The Plaintiff(s) Provide the information below for each plaintiff named in the complaint. Attach needed. Name All other names by which you have been known: 1D Number O2 75 5 25	additional pages
Name All other names by which you have been known:	additional pages
All other names by which you have been known:	
All other names by which you have been known:	
1D Number 02 75 15 25	
Current Institution HARRIS COUNTY Jail Address	
1200 BAREQ SI	
HOUSTON TX	77002
City State	Zip Code
B. The Defendant(s)	
listed below are identical to those contained in the above caption. For an individe the person's job or title (If known) and check whether you are bringing this complaintividual capacity or official capacity, or both. Attach additional pages if needs	aint against them
the person's job or title (If known) and check whether you are bringing this compla individual capacity or official capacity, or both. Attach additional pages if neede	lual defendant, in Lint against them
the person's job or title (If known) and check whether you are bringing this compla individual capacity or official capacity, or both. Attach additional pages if needed. Defendant No. 1	lual defendent, in aint against them ed.
the person's job or title (If known) and check whether you are bringing this compla individual capacity or official capacity, or both. Attach additional pages if needed. Defendant No. 1	lual defendent, in aint against them ed.
the person's job or title (If known) and check whether you are bringing this compla individual capacity or official capacity, or both. Attach additional pages if needed Defendant No. 1	lual defendent, in aint against them ed.
the person's job or title (If known) and check whether you are bringing this compla individual capacity or official capacity, or both. Attach additional pages if needed Defendant No. 1 Name Job or Title (If known) Shield Number	lual defendent, in aint against them ed.
the person's job or title (If known) and check whether you are bringing this compla individual capacity or official capacity, or both. Attach additional pages if needed Defendant No. I Name Job or Title (If known) Shield Number	lual defendent, in aint against them ed.
the person's job or title (If known) and check whether you are bringing this complaindividual capacity or official capacity, or both. Attach additional pages if needed Defendant No. 1 Name Job or Title (If known) Shield Number Employer Employer Address HARRIS COUNTY, TEXAS HOUSTON TX	lual defendant, in aint against them ed.
the person's job or title (If known) and check whether you are bringing this complaindividual capacity or official capacity, or both. Attach additional pages if needed Defendant No. 1 Name Job or Title (If known) Shield Number Employer Address Lau Bakel St. Houstw TX City State	lual defendant, in aint against them ed.
the person's job or title (If known) and check whether you are bringing this complaindividual capacity or official capacity, or both. Attach additional pages if needed Defendant No. 1 Name Job or Title (If known) Shield Number Employer Employer Address HARRIS COUNTY, TEXAS HOUSTON TX	lual defendant, in aint against them ed.
the person's job or title (If known) and check whether you are bringing this complaindividual capacity or official capacity, or both. Attach additional pages if needed Defendant No. 1 Name Job or Title (If known) Shield Number Employer Address Loo BAKEL ST. Houstw TX City State	lual defendant, in aint against them ed.
the person's job or title (If known) and check whether you are bringing this complaindividual capacity or official capacity, or both. Attach additional pages if needed Defendant No. 1 Name Job or Title (If known) Shield Number Employer Employer Address Too Bake State Texas	lual defendant, in aint against them ed.

Individual capacity Official capacity

	Defendant No. 3			
	Name			
	Job or Title (If known)			
	Shield Number			
	Employer			
	Address			
	•	City	State	710 Code
			···	Zip Code
		Individual capacity	Official capacity	•
	Defendant No. 4			
	Name			
	Job or Title (If known)			
	Shield Number	•		
	Employer		· · · · · · · · · · · · · · · · · · ·	
	Address			
				77 . 0 - 1
		City	State	Zip Code
		Individual capacity	Official capacity	<i>'</i>
Bas	sis for Jurisdiction			
imr Fea	der 42 U.S.C. § 1983, you may sue stanunities secured by the Constitution a deral Bureau of Narcottes, 403 U.S. 3 stitutional rights.	and [federal laws]." Under Bive	ens v. Six Unknown No	amed Agents of
	Are you bringing suit against (ch	eck all that apply);		
Α.		****		
A.	Federal officials (a Bivens of	:laim)		
Α.	Federal officials (a Bivens of State or local officials (a §	•		
A. B.	(TEX)	1983 claim) ging the "deprivation of any rig vs]." 42 U.S.C. § 1983. If you	are suing under section	n 1983, what
	State or local officials (a § Section 1983 allows claims alleg the Constitution and [federal law federal constitutional or statutor	1983 claim) ging the "deprivation of any rig vs]." 42 U.S.C. § 1983. If you	are suing under section cing violated by state	n 1983, what

officials?

14 (Rev. 12	/16) Complaint for Violation of Civil Rights (Prisoner)		
D.	Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under <i>Bivens</i> , explain how each defendant acted under color of federal law. Attach additional pages if needed.		
	DEFENDANTS WORK FUR HARRIS COUNTY JERAS, A STATE		
Priso	oner Status		
	ate whether you are a prisoner or other confined person as follows (check all that apply):		
Ø	Pretrial detainee		
	Civilly committed detained		
	Immigration detainee		
	Convicted and sentenced state prisoner		
	Convicted and sentenced federal prisoner		
	Other (explain)		
States	ment of Claim		
State as briefly as possible the facts of your case. Describe how each defendant was personally involve at leged wrongful action, along with the dates and locations of all relevant events. You may wish to inc further details such as the names of other persons involved in the events giving rise to your claims. Do any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.			
Α.	If the events giving rise to your claim arose outside an institution, describe where and when they arose.		
·			
В.	If the events giving rise to your claim arose in an institution, describe where and when they arose.		
	MARCH 13, 2020 - CUTTENT. 1200 13AKER ST. Ja, HOUSTON, TX. 7700		
	HOUSTON, TX. 7700		

Pro Sc 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

C. What date and approximate time did the events giving rise to your claim(s) occur?

3/13/20 - CULTENT

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?
Was anyone else involved? Who else saw what happened?) I AM BEING Subjected to
Conditions of Confinement which place me under exposure to a

SEVERE (potentially Fatal) illness, COVID-19, AND HARRIS
COMMITY IS Acting with deliberate indifference to this sorious
medical need by NOT TAKING effective measures to

mitigate the Spread of the disease in the j'ail.

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive. I have been or will be exposed to a so were (patentially fatally illness due to HCSO deliberate indifference

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

a. Temporary Restraining Order requiring 11650 to take preventive measures as suggested by Centers for disease control and mandated in other, similar, cases.

b. Preliminary injunction ordering do fendants to 5to pacting with deliberate indifference to my serious medical need.

C. Any o for relief this Court deems just.

Ή.	Exhaustion of Administrative Remedies Administrative Procedures			
	with re	ison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought spect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined jall, prison, or other correctional facility until such administrative remedies as are available are ted."		
		istrative remedies are also known as grievance procedures. Your case may be dismissed if you have not sted your administrative remedies.		
	A.	Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?		
		Yes		
	•	□ No		
		If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).		
		HARRIS COUNTY Jail		
	B.	Does the jail, prison, or other correctional facility where your claim(s) arose have a gricvance procedure?		
		Yes Yes		
		☐ No		
		Do not know		
	c.	Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?		
		Yes		
		□ No		
		∑ Do not know		
		If yes, which claim(s)?		

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)				
D.	Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint? Yes No If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility? Yes No			
€.	If you did file a grievance: I. Where did you file the grievance?			
	2. What did you claim in your grievance?			
	3. What was the result, if any?			
	4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)			

Pro Sc 1	to Sc 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)					
	If you did not file a grievance:					
		1. If there are any reasons why you did not file a grievance, state them here:				
		This is a life threatening emergency.				
•		2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:				
	G.	Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.				
		(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)				
VIII. Previous Lawsuits The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in a brought an action or appeal in a court of the United States that was dismissed on the grounds that it is malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imm danger of serious physical injury." 28 U.S.C. § 1915(g).						
	To the i	nest of your knowledge, have you had a case dismissed based on this "three strikes rule"?				
	Ye	S				
	⊠ No					
	(f yes, s	tate which court dismissed your case, when this occurred, and attach a copy of the order if possible.				
	,					

A.	Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?			
	Yes			
	⊠ No			
В.	If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there more than one lawsuit, describe the additional lawsuits on another page, using the same format.)			
	1. Parties to the previous lawsuit			
	Plaintiff(s)			
	Defendant(s)			
	2. Court (iffederal court, name the district; if state court, name the county and State)			
	3. Docket or index number			
	4. Name of Judge assigned to your case			
	5. Approximate date of filing lawsuit			
	6. Is the case still pending?			
	Yes			
	No			
	If no, give the approximate date of disposition.			
	7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)			

Pro Se 14 (Rev. 12)	Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)					
	Ycs					
	No No					
D.	If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)					
	I. Parties to the previous lawsuit					
	Plaintiff(s)					
	Defendant(s)					
	2. Court (if federal court, name the district; if state court, name the county and State)					
	3. Docket or index number					
	4. Name of Judge assigned to your case					
	5. Approximate date of filing lawsuit					
	6. Is the case still pending?					
	Yes					
	☐ No					
	If no, give the approximate date of disposition					
	7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)					

Pro So 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

	,			
	Date of signing: 4//	6/2020		
	Signature of Plaintiff Printed Name of Plaintiff Prison Identification # Prison Address	ENTONIO G. Bell ANTONIO BELLAMY 02751525 1200 BAKER ST, HOUSTON City	Texas State	7002 Zip Code
B,	For Attorneys			
	Date of signing:	·····		
	Signature of Attorney Printed Name of Attorney Bar Number Name of Law Firm			
	Address			
	Telephone Number E-mail Address	City	State	Zip Code